PTO/SB/21 (09-06)

March 16, 2007

Date

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FORM

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	Application Number	10/564,863				
	Filing Date	January 17, 2006				
	First Named Inventor	Kozo Minamitani				
	Art Unit	5348				
	Examiner Name	Michael T. Cygan				
	Attorney Docket Number	0388-060112				

ENCLOSURES (check all that apply)									
X Fee Transmittal	Form		Drawing(s)			After Allowance Communication to TC			
Fee Attach	ned		Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences			
X Amendment / Re		Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
After Final			Petition to Conve Provisional Appli			Proprietary Information			
Affidavits	declaration(s)		Power of Attorney Change of Corres Address			Status Letter			
Extension of Tin	ne Request		Terminal Disclain	rminal Disclaimer		Other Enclosure(s) (please identify below):			
Express Abando	nment Request		Request for Refur	nd					
Information Disc		CD, Number of C	D(s)						
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Response	to Missing Parts CFR 1.52 or 1.53								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Name	Firm Name The Webb Law Firm								
Signature	Foundation		Degra	sof .					
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Date March 16, 2007				Reg. No.		25,996			
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Christine A. Canavan

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)						Complete if	Known				
			Application Number		10/564,863	10/564,863					
and and the second				Filing Da	Filing Date January 17, 200)6			
NAR 20 2001	AR 20 100 Fror FY 2007				ned Inventor	Kozo Minamit	ani	ni			
1 47/					Examiner Name Michael T. Cy			gan			
TRAPE				Art Unit 2855							
TOTAL AMOUNT OF PAYMENT (\$120.00)					Docket No.						
METHOD OF PAYMENT (check all that apply)											
X Check Cre											
X Deposit Account	X Deposit Account Deposit Account Number: 23-0650 Deposit Account Name The Webb Law Firm										
For the above-id	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
	fee(s) indicate			اِ	Charge fee((s) indicated below, e	except for the filing	fee			
X under 3	X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments										
WARNING: Information on information and authorization			Credit card inform	ation should	not be included o	n this form. Provide	credit card				
FEE CALCULATION	١										
1. BASIC FILING, S	EARCH, A	ND EXAMIN	NATION FEES					-			
	FILIN	G FEES	SEARCH	FEES	EXAMINA	TION FEES					
	9	Small Entity	<u>Sma</u>	<u>ll Entity</u>	_	Small Entity					
Application Type	Fee (\$)	<u>Fee (\$)</u>	Fee (S) F	<u>ee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	Fees Paid	<u>(\$)</u>			
Utility	300	150	500	250	200	100					
Design	200	100	100	50	130	65					
Plant	200	100	300	150	160	80					
Reissue	300	150	500	250	600	300		•			
Provisional	200	100	0	0	0	0					
2. EXCESS CLAIM I	FEES							Small Entity			
Fee Description				•			Fee (\$)	Fee (S)			
Each claim over 20 (inc	luding Reis	sues)					50	25			
Each independent clain	over 3 (inc	luding Reissu	es)				200	100			
Multiple dependent cla	ms						360	180			
Total Claims	Total Claims Extra Claims Fee (S)				<u>5)</u>			pendent Claims			
9 - 20 or HP = highest number of		0 x	0 = _	0	_		<u>Fee (\$)</u>	Fee Paid (\$)			
	•			D. B. 11	•						
Indep. Claims		a Claims 0 x	<u>Fee (\$)</u> () =	Fee Paid (S	ភ			_			
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3. APPLICATION SI	ZE FEE										
If the specification	and drawin	gs exceed 100	sheets of paper	(excluding	electronically	filed sequence of	or computer listing	gs under			
				25 for sma	i entity) for ea	ach additional 30	sheets or fraction	i mereoi.			
See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
-100 = /50 = (round up to a whole number) x =											
4. OTHER FEE(S) Fees Paid (\$)											
Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late filing surcharge): One Month Extension Fee \$120.00								\$120.00			
SUBMITTED BY				_							
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